

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## Climate and Tuberculosis

By F. C. SMITH, Medical Director, United States Public Health Service

There was a time when consumptives were housed in warm, unventilated rooms, because doctors confused tuberculosis with a "cold." The mystery of malarial transmission caused night air to be feared. Many members of a tuberculous family died in a polluted house, hence the disease was believed to be hereditary and it was considered hopeless; the disagreeable subject became taboo and very little was said or done about it. But about 50 years ago we learned that fresh air is good for tuberculosis and that the disease is curable. At first, certain kinds of air were considered necessary and a belief in special climates arose, particularly those of high altitudes. The salts of sea air and the ozone of pine forests were also highly regarded. About that time the fear of infection became widespread and sanatoria were built, but not fast enough or large enough, and so it was hard for a consumptive to find a place to go. He was shunned at home, but welcomed in desert and mountain. His future was dark where institutions were as yet unbuilt and home treatment was little understood, but the new health resorts advertised a welcome and promised much. If his disease was in the early stage the patient would go West and rough it. If his case seemed hopeless, nevertheless, he must have "his chance." The family doctor, importuned by the patient and harassed by a distracted family, did what was expected of him—advised a "change of climate." In a spirit of high adventure, our youth lent them-

selves gladly to the movement. It suited them perfectly. Who would remain to bathe 7 days a week in familiar air when he might do some great thing and perhaps achieve a speedy cure! So they went forth, some with early, but more with far-advanced, disease, all untrained, ignorant, but hopeful. Those who recovered returned and made the fact known. Those who failed died silently in far places, drifting sands covered their graves, and the facts were not widely advertised. Thus the importance of climate was for a time exalted over the less glamorous elements of treatment.

Patients with better leadership or example, such as Trudeau's, applied themselves diligently to treatment and many recovered. A few courageous physicians began to publish cures in Philadelphia, New York, and Boston; and as the basic principles of treatment became known and treatment facilities increased, hysteria ceased. At the same time we were brought to a sober realization of the magnitude of our tuberculosis problem. Case finding, early diagnosis, and skillful treatment took first place. Recovered patients walked forth upon every street. Local sanatorium graduates held alumni meetings; their slogan was, "Better a good doctor and comforts in the worst climate than a poor doctor or privations in the best." There is evidently some danger of discounting the real value of climate. Good doctors and creature comforts are no longer lacking in our best climates.



In 1899 the United States Public Health Service established a marine hospital at Fort Stanton, N. Mex., for its tuberculous beneficiaries, in harmony with then prevailing ideas. For years there was a waiting list, so great was the demand for transfer from the coastal marine hospitals to this ideal climate 6,200 feet above sea level. But of the first 2,588 patients admitted, 861 died, 130 within 1 month and 308 others within 6 months after arrival. It was found necessary to refuse transfers to certain classes of patients, and the Public Health Service now transfers to its New Mexico sanatorium only patients whose temperature and pulse can be brought to normal by rest in bed, believing that climate is not of first importance in the acutely progressing disease. A death seldom occurs there now among the carefully selected patients. They are encouraged to remain a long time to insure a cure, the treatment is superior, and facilities are ample; but merchant seamen, having learned that climate is not all important, are now inclined to belittle its influence and many choose to remain in the general marine hospitals and refuse transfer to the New Mexico sanatorium when selected for it. Many of the best sanatoria in the southwest have actually been closed for lack of patients. The real value of climate is now often underrated; the pendulum always swings too far.

#### THE RELATIVE VALUE OF CLIMATE

The most important therapeutic measures in pulmonary tuberculosis are:

1. Adequate and intelligent rest in fresh air;
2. Proper and sufficient food;
3. Special therapy, including induced pneumothorax, phrenicectomy, and thoracoplasty.

Comparatively few patients can realize ideal conditions for recovery. A limited purse procures rest for a limited time, or in inadequate degree, and fresh air is often expensive, like choice food. Fresh air is costly in the city, because it means proper housing in a good location. How much that means in a city like New York, for instance, is readily understood. Removal from the city entails expense and other sacrifices. There are differences in climates—certainly some climates are better than others; but excellence of climate is no more essential to a cure than excellence of some other things, and there is no climate so good that it will always make up for increased work, or poorer housing, or scantier fare. Just as a patient may not be able to secure the best house, the best food, or the best doctor, so he may not be able to afford the best fresh air, i.e., the best climate. Each case must be decided on its own merits. For a patient with

fever, sweats, and rapid wasting, absolute rest in bed with good ventilation and good nursing outweighs all other considerations. On the other hand, unfavorable climatic conditions, such as oppressive heat, irritating dust, smoke, or fog, may have such a bad effect that change of climate becomes of prime importance.

#### PRELIMINARY OBSERVATION BEFORE ADVISING CHANGE OF CLIMATE

To advise a change of climate for all patients is unwarranted. Changes are desirable in certain cases, but precipitate haste in sending a patient away is a mistake. The old adage "consumption, therefore, creosote or Colorado" is equally expressive of therapeutic and climatic ignorance. The patient who should be sent to a distant climate immediately upon diagnosis is exceptional. At the Marine Hospital Sanatorium at Fort Stanton, New Mexico, the results have been nearly three times as good in patients who left the home stations without fever as in those who had a temperature of 38° C. or more within 2 weeks of departure. The number of deaths in those leaving afebrile is to the number in those with fever as 22 to 59, the arrests as 19 to 7½, the apparent cures as 10 to 3. A period of observation is desirable to exclude hopeless cases and permit an intelligent selection of climate if a change is needed.

#### HOPELESS CASES NOT TO BE SENT TO A DISTANCE

It is not always easy to determine when a case of pulmonary tuberculosis is hopeless, but in general the patient with advanced disease who does not offer some hope of temporary arrest in the home climate, when treated in a local sanatorium, or under other favorable conditions, can not be expected to improve after a long journey, no matter what the difference in climate. A progressing case of long standing, with abdominal organs already damaged by terminal changes of the disease, will not be greatly benefited by change of climate. Occasionally a critical case recovers or life is prolonged beyond all expectation in a health resort, but the same thing occurs in home climates. It makes little difference to a dying man what the climatic conditions are so long as he has proper care; and there is no picture more miserable than the boarding-house life of a consumptive, hopelessly ill among strangers.

#### THE PSYCHOLOGICAL MOMENT FOR CHANGE

Almost any tuberculous patient who may be expected to recover, as well as many hopeless cases, will, when kept in bed in freely flowing air anywhere, improve for a time and up to a certain point. "After comparative quiescence of the lung process has been



reached under treatment at home, and the nutrition is much improved, there comes a stage where further improvement is slow. This is the psychological moment for a change. In speaking of change I mean a complete change to health resorts in the Far West; or those in the East at considerable distance from the patient's home." (Francine.)

#### SPECIAL CLIMATES

The selection of patients for high altitudes requires careful study. Such places in the United States are dry, cool, and stimulating, with a large number of clear days and a maximum of sunshine. Concerning the therapeutic effects of diminished air pressure itself authorities differ, some holding it to be indifferent, others assigning it a positive value in dilating the air vesicles and increasing pulmonary circulation. Still others, while granting that many patients are benefited by such climates, believe that a rarefied atmosphere may be harmful because the deeper breathing required is opposed to pulmonary rest. All agree upon a large number of contra-indications to high altitudes, such as low vitality and poor circulation, declining powers of heat production, neurasthenia, irritable temperament, acutely progressing disease, dyspnea, nephritis, emphysema, excessive bronchial irritability, dilatation, decompensation or nervous derangement of the heart, and far-advanced disease with much destruction of lung tissue. For young adults without any of the foregoing complications who can and will secure proper medical attendance and submit to the same regimen that is necessary to effect a cure anywhere, the high, dry climate is the best. It has its dangers, one of which is the sense of well-being which may betray one into harmful exercises. It will frequently revive a jaded appetite or mitigate a troublesome moist catarrh at once, and it will add zest to life, but it is not a short cut to health.

(Continued in next issue)

#### OAKLAND ANNOUNCES PUBLIC HEALTH NURSE EXAMINATION

The Civil Service Board of Oakland has announced an examination for public health nurse to be held in the Oakland City Hall, April 20, 1938.

This examination is for the purpose of providing an eligible list from which appointments may be made to fill future vacancies.

For information relative to requirements, and for application forms, inquiries should be addressed to the Oakland Civil Service Board, 509 City Hall, Oakland.

#### ALAMEDA COUNTY MOSQUITO ABATEMENT DISTRICT ACTIVE

The annual report of the Alameda County Mosquito Abatement District for the year 1937 has been issued in a 32 page booklet by Harold F. Gray, Engineer and Executive Officer of the district.

Expenditures for 1937 were \$36,907. The district has an area of 320 square miles, an estimated population of 460,000 and an assessed valuation, in 1937, of \$421,020,525. Less than 30 cents per family was spent for mosquito control during the calendar year.

Effective control measures established within the district have reduced the prevalence of mosquitoes enormously. The extremely unpleasant and unhealthful conditions that prevailed heretofore have been eliminated entirely. Districts where the pestiferous insects were particularly menacing, are now entirely free from the discomfort that prevailed formerly.

Standard measures of ditching, drainage, spraying with oil and larvacides have accomplished these desired results. To be sure, new problems are encountered, particularly difficulties in draining marshes because of the silting of certain outlet channels and sloughs. The new problems, together with routine activities are met with knowledge based upon experience.

The personnel of the board of trustees of Alameda County Mosquito Abatement District is as follows: Mark L. Emerson, M.D., president, Oakland; Ralph S. Hawley, vice president, Emeryville; Prof. Charles Gilman Hyde, secretary, county-at-large; Burnett Hamilton, Alameda; Howard Bronstein, San Leandro; Prof. William B. Herms, Berkeley; Harry J. Smith, M.D., city health officer, Piedmont; Nelson E. Clemens, D.V.M., city health officer, Hayward.

Workmen sometimes have to change occupations; it's not the fault of the job, but there's something about the work being done that is poisonous to the workman.

#### MORBIDITY

Complete Reports for Following Diseases for Week Ending April 2, 1938

##### Chickenpox

1050 cases: Alameda County 1, Alameda 1, Albany 11, Berkeley 35, Oakland 63, Piedmont 2, Jackson 5, Colusa County 4, Contra Costa County 1, Pittsburg 7, Richmond 1, El Dorado County 1, Placerville 1, Fresno County 49, Fresno 14, Reedley 1, Imperial County 5, Kern County 8, Delano 5, Taft 7, Hanford 7, Lemoore 2, Lassen County 4, Los Angeles County 77, Alhambra 3, Beverly Hills 1, Burbank 2, Compton 17, Culver City 1, El Monte 3, El Segundo 1, Glendale 11, Huntington Park 1, Inglewood 1, Long Beach 34, Los Angeles 174, Manhattan 5, Pasadena 6, Pomona 7, Santa Monica 15, South Pasadena 11, Whittier 5, Torrance 1, Hawthorne 4, South Gate 2, Monterey Park 1, Signal Hill 1, Bell 3, Gardena 6, San Anselmo 1, San Rafael 1, Mariposa County 3, Merced County 7, Napa County 1, Napa 2, Grass Valley 7, Orange County 7, Brea 1, Fullerton 5, Orange 1, Santa Ana 12, Seal Beach 1, Tustin 1, Roseville 4, Riverside



County 11, Riverside 4, Sacramento 6, San Bernardino County 4, Colton 1, San Bernardino 3, San Diego County 24, Coronado 21, National City 4, San Diego 46, San Francisco 83, San Joaquin County 7, Manteca 1, Stockton 15, San Luis Obispo County 3, Burlingame 1, Santa Barbara County 11, Santa Barbara 21, Santa Maria 7, Santa Clara County 9, Palo Alto 6, San Jose 8, Watsonville 2, Siskiyou County 1, Dorris 1, Sonoma County 1, Stanislaus County 18, Modesto 7, Turlock 4, Tehama County 1, Corning 12, Red Bluff 2, Porterville 5, Ventura County 7, Oxnard 3, Santa Paula 5, Ventura 1, Yolo County 1, Woodland 1.

#### Diphtheria

35 cases: Oakland 5, Richmond 3, Los Angeles County 2, El Monte 1, Long Beach 1, Los Angeles 11, Santa Monica 1, Monterey County 3, Napa 2, Santa Clara County 2, San Jose 3, Sonoma 1.

#### German Measles

38 cases: Alameda County 1, Alameda 1, Berkeley 2, Contra Costa County 1, Fresno County 1, Kern County 1, Los Angeles County 3, Compton 1, Long Beach 2, Los Angeles 4, Pasadena 2, Lynwood 1, Santa Ana 2, Riverside 1, San Diego 1, San Francisco 13, Santa Barbara County 1.

#### Influenza

109 cases: Fresno County 2, Orland 4, Kern County 9, Los Angeles County 4, Los Angeles 13, San Gabriel 1, Santa Monica 1, Merced County 7, Grass Valley 53, Roseville 2, Sacramento 3, San Diego 1, San Francisco 2, Stockton 1, Sonoma County 1, Stanislaus County 2, Corning 1, Tuolumne County 1, Sonora 1.

#### Malaria

4 cases: Los Angeles County 1, Napa County 1, Corona 1, San Francisco 1.

#### Measles

754 cases: Alameda 1, Berkeley 3, Contra Costa County 3, El Dorado County 3, Placerville 1, Fresno County 43, Fresno 1, Glenn County 28, Orland 52, Imperial County 7, El Centro 1, Imperial 1, Kern County 132, Bakersfield 31, Delano 7, Hanford 2, Lemoore 17, Los Angeles County 2, Alhambra 1, Claremont 1, El Monte 1, Glendale 1, Glendora 3, Long Beach 18, Los Angeles 16, Pasadena 1, Pomona 22, San Fernando 1, San Marino 2, Madera County 7, Merced County 38, Merced 27, Soledad 1, Napa County 2, Grass Valley 2, Orange County 17, Anaheim 2, Fullerton 2, Santa Ana 1, Placentia 17, Plumas County 8, Riverside County 30, Blythe 6, Hemet 11, Sacramento 2, San Bernardino County 1, Ontario 1, San Bernardino 2, Upland 5, San Diego County 1, National City 8, San Diego 63, San Francisco 4, San Joaquin County 2, Manteca 1, San Luis Obispo County 3, San Luis Obispo 1, Santa Barbara 1, Palo Alto 8, Santa Cruz 1, Watsonville 1, Siskiyou County 1, Stanislaus County 1, Modesto 8, Turlock 16, Lindsay 12, Porterville 3, Tulare 3, Ventura County 5, Oxnard 7, Santa Paula 16, Yolo County 2, California 2.\*

#### Mumps

727 cases: Alameda County 1, Alameda 17, Berkeley 3, Oakland 48, Contra Costa County 30, Richmond 1, Fresno County 80, Fresno 28, Kern County 66, Bakersfield 10, Los Angeles County 48, Alhambra 1, Arcadia 1, Burbank 2, Compton 15, El Monte 1, El Segundo 1, Glendale 7, Huntington Park 3, Long Beach 31, Los Angeles 16, Montebello 4, Pasadena 1, Pomona 7, Santa Monica 2, Whittier 1, Torrance 3, Maywood 3, Madera County 3, Madera 3, Sausalito 1, Merced County 4, Napa County 7, Calistoga 1, Grass Valley 12, Orange County 4, Anaheim 1, Fullerton 1, Santa Ana 3, Roseville 3, Riverside County 1, Sacramento 12, San Diego County 24, La Mesa 1, National City 19, San Diego 21, San Francisco 88, San Joaquin County 5, Lodi 1, Manteca 4, San Luis Obispo County 6, San Luis Obispo 7, Santa Barbara County 2, Santa Maria 1, Santa Clara County 3, San Jose 11, Santa Clara 3, Santa Cruz County 7, Santa Cruz 7, Dixon 5, Sonoma County 1, Stanislaus County 4, Modesto 6, Turlock 3, Porterville 4, Ventura County 2, Santa Paula 2, Woodland 3.

#### Pneumonia (Lobar)

51 cases: Berkeley 1, Kern County 1, Los Angeles County 2, Alhambra 1, Glendale 3, Los Angeles 20, Pasadena 1, Santa Monica 1, Madera County 1, Grass Valley 1, Sacramento County 1, Sacramento 5, Isleton 1, San Diego 1, San Francisco 7, San Joaquin County 3, Santa Barbara County 1.

#### Scarlet Fever

228 cases: Alameda 2, Oakland 2, Calaveras County 1, Pittsburg 2, Richmond 8, Fresno County 12, Humboldt County 8, Brawley 2, Kern County 2, Bakersfield 2, Delano 1, Taft 1, Los Angeles County 18, Compton 3, Covina 1, Culver City 1, Glendale 2, Inglewood 1, Long Beach 3, Los Angeles 37, Manhattan 1, Pasadena 5, Redondo 1, San Fernando 2, Santa Monica 3, Torrance 2, Lynwood 1, Madera County 8, San Rafael 1, Mariposa County 1, Merced County 1, Grass Valley 2, Orange County 2, Anaheim 1, Fullerton 2, Huntington Beach 1, Santa Ana 6, Riverside County 6, Corona 2, Sacramento 2, San Bernardino County 1, Redlands 1, Upland 1, San Diego 11, San Francisco 18, San Joaquin County 3, Lodi 9, Stockton 1, San Mateo County 1, Redwood City 2, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 2, Palo Alto 1, San Jose 2, Sierra County 1, Vallejo 1, Sonoma County 2, Stanislaus County 1, Sutter County 1, Tehama County 1, Tulare 2, Ventura County 3, Ojai 1.

#### Smallpox

45 cases: Calaveras County 1, Fresno County 7, Brawley 1, El

Monte 4, Glendale 1, Monrovia 1, Monterey Park 9, Nevada County 1, Orange County 6, Newport Beach 10, Santa Ana 1, Tulare 3.

#### Typhoid Fever

6 cases: Fresno County 1, Imperial County 1, Kern County 1, Los Angeles County 1, Alhambra 1, Burbank 1.

#### Whooping Cough

506 cases: Alameda County 7, Alameda 7, Albany 10, Berkeley 12, Oakland 39, Piedmont 2, San Leandro 1, Contra Costa County 4, Richmond 2, Fresno County 16, Fresno 8, Humboldt County 5, Kern County 20, Bakersfield 2, Taft 2, Lassen County 1, Los Angeles County 20, Alhambra 12, Beverly Hills 1, Burbank 2, Long Beach 9, Los Angeles 29, Pasadena 1, Pomona 4, Santa Monica 2, Torrance 2, Lynwood 3, South Gate 2, Madera County 2, Madera 2, San Anselmo 5, Merced County 1, Monterey County 4, Salinas 1, Grass Valley 1, Orange County 1, Fullerton 1, Huntington Beach 1, Santa Ana 1, Roseville 2, Riverside County 2, Sacramento 39, San Bernardino County 5, San Bernardino 2, San Diego County 10, Coronado 1, Escondido 2, La Mesa 1, National City 3, San Diego 13, San Francisco 51, San Joaquin County 21, Lodi 17, Manteca 3, Stockton 14, San Luis Obispo County 1, San Mateo County 7, Burlingame 1, San Bruno 3, Belmont 3, Santa Clara County 24, Gilroy 1, Los Gatos 1, Palo Alto 8, San Jose 8, Santa Clara 3, Santa Cruz 1, Stanislaus County 1, Corning 2, Sonoma 1, Ventura County 6, Fillmore 3, Yolo County 1.

#### Meningitis (Epidemic)

5 cases: Los Angeles County 1, Beverly Hills 1, Los Angeles 3.

#### Dysentery (Amoebic)

One case: Los Angeles.

#### Dysentery (Bacillary)

4 cases: Los Angeles County 1, Glendale 1, Los Angeles 1, Pasadena 1.

#### Pellagra

4 cases: Fresno County 1, San Francisco 1, Santa Cruz 1, Sonoma County 1.

#### Pollomyelitis

2 cases: Santa Cruz County.

#### Tetanus

One case: Los Angeles County.

#### Trachoma

2 cases: Los Angeles 1, Orange County 1.

#### Hookworm

One case: San Francisco.

#### Paratyphoid Fever

One case: Los Angeles.

#### Trichinosis

2 cases: Alameda County 1, San Francisco 1.

#### Jaundice (Epidemic)

4 cases: Berkeley 1, Merced County 1, Grass Valley 2.

#### Food Poisoning

8 cases: San Francisco 5, San Luis Obispo County 1, Santa Barbara County 2.

#### Undulant Fever

2 cases: California.\*

#### Septic Sore Throat

2 cases: Santa Monica 1, Santa Ana 1.

#### Rabies (Animal)

33 cases: Alameda County 3, Fresno County 1, Fresno 1, Los Angeles County 4, Glendale 1, Los Angeles 14, Pasadena 2, Orange County 1, Riverside County 3, Daly City 1, Dixon 1, Ventura County 1.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.